



DEPARTMENT OF THE NAVY  
NAVAL MEDICAL COMMAND  
WASHINGTON, D.C. 20372-5120

IN REPLY REFER TO

NAVMEDCOMINST 6710.12  
MEDCOM-313  
25 Aug 86

NAVMEDCOM INSTRUCTION 6710.12

From: Commander, Naval Medical Command

Subj: CONTROLLED SUBSTANCE MEDICATION OVERLAP AND INTERVENTION

Ref: (a) OPNAVINST 5214.7

1. Purpose. To require medical treatment facilities that use the TRIMIS Automated Pharmacy System (TRIPHARM) to monitor the use of prescriptions for controlled substances, Drug Enforcement Administration (DEA) Schedules II through V, and for identifying inappropriate prescribing and using habits.
2. Background. The TRIPHARM system is capable of detecting drug overlaps and excessive prescribing habits by using the computer-generated overlap function or the drug utilization function. Overlap is an exact duplicate medication, regardless of strength, or medications of the same therapeutic class with similar indications. (Example: Serax produces an overlap with Dalmane; Valium probably does not produce an overlap with Dalmane.) A monitoring program may address one or more of the following situations:
  - a. Prescribed medication overuse or drug dependence by patients who frequently appear early for refills.
  - b. "Shopping" by patients who use the services of multiple practitioners.
  - c. Overstocking by patients who may be taking the medication more frequently than prescribed.
  - d. Inappropriate or over prescribing tendencies by practitioners.
  - e. Use of controlled substances by patients for 60 days or more.

3. Action. All military treatment facilities with the TRIPHARM system, or an alternate tracking system, will establish a Controlled Substance Reporting and Intervention Program. This program will continually monitor prescriptions for controlled substances misuse, establish protocols that allow for a uniform review of the health records, ensure interaction of pharmacists and practitioners, provide Pharmacy and Therapeutic (P and T) Committee review, and include quality assurance reporting. The P and T Committee will monitor this program for effectiveness and take appropriate actions based on their findings.

10/7/86

25 Aug 86

#### 4. Procedures

a. Review Patient Use of Controlled Substances. The Head of the Pharmacy Department will review individual prescription profiles of patients that are identified as receiving overlapping controlled substances or continuing to use controlled substances for more than 60 days, as detected by the drug utilization review (DUR) process. If the determination is made that there is a potential problem with a patient's use of controlled substances, the prescribing physician's department head will be asked to review the patient's medication use. The reviewing department head will:

(1) Analyze the potential problem to determine whether overlapping medications or prolonged therapy were appropriate. Certain patient categories may be eliminated at this stage, based on established criteria, i.e., long-term cancer patients, narcoleptics, or previously approved exceptions.

(2) Contact and reschedule the patient for appropriate followup, if necessary.

(3) Select an alternate treatment modality, if inappropriate use is determined. Suggested alternatives are: appropriate patient counseling; titration withdrawal of the patient; referral of the patient to drug/alcohol rehabilitation service for evaluation of the patient's status with respect to controlled drug usage; or restriction of patient care to one primary health care provider.

(4) Report the results of the review to the pharmacy, noting actions taken and the outcome. Direct the pharmacy concerning future dispensing of prescription drugs to identified drug abusers.

b. Review Practitioner's Prescribing Habits for Controlled Substances. If a practitioner appears to prescribe controlled substances in excess, the following actions are recommended to the practitioner's department head.

(1) Counsel the responsible practitioner concerning prescribing habits.

(2) Monitor the practitioner to ensure that the problem does not persist.

(3) Report recurring actions to the command credentialing committee.

5. Requirements. Quarterly, the Pharmacy Department will submit the following information to the Chairman of the P and T Committee or other appropriate committee. This information will be evaluated as necessary and included in the minutes of this committee.

- a. Total number of controlled substance overlaps.
- b. Number of controlled substance overlaps reviewed with no further action needed.
- c. Number of interventions referred for evaluation.
- d. Number of interventions determined to be appropriate therapy.
- e. How each inappropriate therapy situation was resolved.
- f. Number of credential actions taken as a result of intervention referrals.

6. Reports. The reporting requirements listed in paragraph 5 are exempt from formal approval by reference (a), paragraph G5.

  
J. S. CASSELLS

Distribution:

SNDL, FH3 (NAVHOSP)  
FH30 (NAVMEDCOM REG)  
FH31 (NAVMEDCLINIC)

Stocked:

CO, NAVPUBFORMCEN  
5801 Tabor Ave.  
Phila., PA 19120-5099